

London Borough of Merton

Glebelands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Glebelands is an extra care housing service run by the London Borough of Merton. The service provides personal care to people living in 33 self-contained flats located in a single building operated by an independent housing provider. At the time of our inspection 32 people were living at Glebelands of whom 28 received personal care. People using the service were aged 50 and over and had a range of needs that included, dementia care, mental ill health, learning and/or physical disabilities and end of life care.

At the last Care Quality Commission (CQC) inspection in July 2014, the overall rating for this service was 'Good'. At this inspection we found the service remained 'Good'. The service demonstrated they continued to meet regulations and fundamental standards.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People continued to be safe being supported by staff who worked at Glebelands. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. There were enough staff to keep people safe and recruitment procedures were designed to prevent people from being cared for by unsuitable staff. Medicines were managed safely and people received them as prescribed.

Staff received relevant training and were supported by managers to help them to meet people's needs effectively. Staff knew people well and had a good awareness and understanding of their needs, preferences and wishes. People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access community healthcare services.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People continued to receive personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Managers reviewed people's needs regularly to ensure current support arrangements continued to meet these.

The registered manager continued to provide good leadership and the management team led by example. People were satisfied with the support they received from staff. People knew how to make a complaint if

they were unhappy about any aspect of the support they received. The provider maintained arrangements to deal with people's complaints appropriately. Regular checks and reviews of the service continued to be made by managers to ensure people Glebelands experienced good quality safe care and support at all times.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Glebelands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection took place on 6 and 12 June 2017 and was announced. The provider was given 24 hours' notice because we needed to be sure managers would be available to speak with us on the day of our inspection. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with seven people who used the service, the registered manager, two senior support managers and six care workers. We looked at records which included ten people's care plans, five staff files and other documents that related to the management of the service.

After our visit we received feedback about the service from two local authority staff who had clients living at Glebelands.

Is the service safe?

Our findings

People told us they felt safe being supported by staff who worked at Glebelands. One person said, "Yes... I do feel safe because I know staff are about in the building who I can call if I need them", while another person told us, "I have nothing to be worried about living here. Yes, I do feel very safe at Glebelands."

Since our last inspection the provider continued to ensure all staff were supported to keep people safe from abuse or harm. The provider had robust systems in place to identify, report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk and equality and diversity training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. One member of staff told us, "I recently completed some online training about safeguarding, which I thought was very informative." We saw information for staff was clearly displayed in the office about how to report safeguarding incidents. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence.

Measures were in place to reduce identified risks to people's health, safety and welfare. Managers assessed and reviewed risks to people due to their specific health care needs. They had put in place risk management plans for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. Managers followed up the occurrence of any accidents or incidents involving people living at Glebelands and developed action plans to help prevent them from happening again. Examples included reviewing people's risk assessments and reviewing guidelines for staff about how to support people safely. Staff gave us several examples of situations where they had used incident reporting to identify trends and patterns to develop an action plan which had resulted in a significant decrease in the number of incidents related to people's behaviour that challenged the service.

The provider's recruitment process helped protect people from the risk of employing unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

There were enough staff to support people. People told us staff usually arrived on time for their scheduled calls, were prompt to respond to any additional calls for assistance, and normally managed to complete the tasks they had agreed to as set out in their care plan. One person said, "Staff always turn up on time for my scheduled calls." Another person told us, "Staff usually come quickly when I use the call bell. They are usually pretty good and always take their time with me." On both days of our inspection we saw there were enough staff on duty to meet the needs and requests of people using the service. The registered manager told us staffing levels were regularly reviewed and adjusted accordingly. The registered manager gave us a good example of how they had temporarily increased staffing levels to ensure there were enough staff available to meet the needs of one person whose health had deteriorated.

The provider continued to maintain appropriate arrangements for safe medicines management. People told

us they received their prescribed medicines on time. One person told us, "The staff are very good at making sure I've taken my medicines on time and reminding me if I've forgotten, which does happen from time to time." We saw people had been provided with lockable cabinets in their flats to safely store their medicines. The registered manager confirmed that people's capacity to manage their own medicines had been individually assessed. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. Staff received training in the safe management of medicines and their competency to handle medicines safely was reassessed every two years.

Is the service effective?

Our findings

Since our last inspection, people continued to be supported by staff that were trained to meet their needs. New staff received a thorough induction that included shadowing experienced members of staff. Staff undertook training in areas that were specific to their roles. This included refresher and update training to help keep their knowledge and skills up to date with current best practice, such as dementia awareness, moving and handling, dignity and care, fire safety and first aid. In addition, where people had specific needs, staff received specialist training to enable them to properly meet those needs. For example, staff who regularly supported people with learning disabilities, mental ill health and end of life care had been suitably trained to perform this aspect of their role.

Staff spoke positively about the training they had received. One member of staff told us, "My induction was very good. I got to shadow staff who showed us the ropes." Another member of staff said, "The training is good. There's plenty of it, especially now we can do a lot of courses online. I recently retook an E-learning course on safeguarding and respecting people's dignity, which were excellent." The registered manager told us they have introduced an annual team day for staff to refresh their existing knowledge and skills.

Staff had sufficient opportunities to review and develop their working practices. Records indicated managers met with all staff regularly through a programme of quarterly supervision meetings and an annual performance appraisal at which staff were encouraged to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve further through training and development opportunities. Staff told us they felt they got all the support they needed from the management team. One member of staff said, "I feel very supported by the managers here." Managers told us that in addition to the meetings described above senior staff regularly carried out direct observations of staff performing their work.

We checked whether the service continued to work within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

Staff had received training in the MCA. The provider demonstrated understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about their support was considered during assessments and reviews of their needs by the provider. There was involvement with people's relatives, representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests. The registered manager gave us some good examples of how they were currently involving people's relatives and professional representatives to help people who lacked capacity to make specific decisions

which were in their best interests.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Meals were provided by an independent catering company. The level of support people required with this varied and was based on specific needs and preferences. We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. Where people needed support with meals this was also recorded in their care plan. In addition, we found recorded evidence that showed the service had systems in place to enable staff to routinely monitor people's nutrition and hydration, as and when required, through the use of dietary intake and weight charts. Staff demonstrated a good understanding of people's specialist dietary requirements.

People were supported to stay healthy and well. People told us they had access to a range of community health care professionals including GP's, district nurses, occupational therapists and physiotherapists. Care plans set out for staff how their specific healthcare needs should be met. If staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant community healthcare professional. Staff we spoke with were knowledgeable about recognising signs and symptoms that a person's health was deteriorating. One member of staff gave us a good example of how they had liaised with a district nurse and occupational therapist to reassess a person's mobility needs and obtain the right moving and handling equipment to ensure staff could effectively meet this individual changing health care needs.

Is the service caring?

Our findings

People spoke positively about the staff that supported them at Glebelands. Typical comments included, "It's a very nice place. All the staff are lovely and very friendly", "The staff are kind and considerate. They always ask if I'm ok and if I'm sure about the things they do for me." And "The staff here are as good as gold. This place is paradise for me." We also saw the service had received a number of written compliments in the last 12 months from people and their relatives.

Staff knew people well and supported them to retain as much independence and control as possible. This was confirmed by people we spoke with. Typical comments we received included, "They [staff] insist and make sure you do as many things for yourself as you can", "I often go out on my own to the local shops, which the staff know I can do and respect" and "I can generally look after myself, so the staff only pop in once in a while to see how I'm doing, which suits me just fine." People told us they had keys to their flats and often accessed the wider community independently to go shopping or to church. Care plans set out how people should be supported to maintain their independent living skills and we observed staff follow these guidelines. For example, we saw people, who had been assessed as capable and willing to look after their own finances and prescribed medicines, prepare some of their own meals and do their laundry, were actively encouraged and supported by staff to do this.

People were treated with dignity, respect and staff ensured they had privacy when this was needed. Several people told us staff often spent time just sitting and talking with them in their flats. One person said, "Staff often come and visit me for a chat and always ring my front doorbell before they come in." Another person told us, "They [staff] always greet me by my name and say good morning." During our inspection we saw staff interact with people using the service in a respectful and dignified manner. For example, we observed several instances of staff exchanging pleasantries with people they passed on communal landings and always greeted people by their first name. We also saw staff knock or press people's front door bells doors and wait for permission to enter a person's flat if the front door had been left ajar.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive support which met their specific needs. People's care plans were current and contained clear information about their life histories, their likes and dislikes and their specific preferences and choices for when and how support should be provided. Based on these assessments, it was agreed with people how many calls they should receive from staff each day to support them with their daily living tasks. For example, with the help they needed in the morning to get ready for the day ahead and how and when they wished to receive their personal care. People's care and support needs were kept under constant review by managers. When there were changes to people needs, their care plans and the number or nature of the calls you received from staff each day would be changed to reflect this.

People were involved in planning the package of care they received. One person said, "The staff helped me and my family plan how many calls I would receive each day when I first moved in." Staff were also knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring and what people were able to do independently. Each person had a keyworker. This was a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise a complaint if they had any concerns about the service provided at Glebelands. One person gave us a good example of prompt action taken by the registered manager to ensure they no longer received their personal care from a particular member of staff they did not get along with. The provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation and provided appropriate feedback to the person making the complaint.

Is the service well-led?

Our findings

The registered manager had been in post since 2013 and knew the people using the service extremely well. People spoke positively about the management of the service. One person said, "The manager has been here a long time and I think she is very good at her job." A community professional from the local authority said, "I do not have any concerns regarding the quality of care at Glebelands and I'd say it's well run."

The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people and their relatives. One person said, "I like the manager. She's easy to talk to and get along with." The provider used a range of methods to gather stakeholder views which included bi-annual meetings for people using the service and/or their relatives and quarterly satisfaction surveys. The feedback people gave as part of the services' most recent satisfaction survey was generally positive about the standard of care provided. In addition, the registered manager told us they tried to speak in person with everyone in their flats at least once a month. The service has also introduced a monthly newsletter in which the June 2017 edition included information about dates for residents meetings, up and coming social events and top-tips about how people could stay safe.

The provider valued and listened to the views of staff. Staff spoke positively about the registered manager and said they were approachable and supportive. One member of staff told us, "The manager really listens to us and is always around in the office if you need her." Regular staff team meetings took place at which managers shared any important changes taking place within the service that impacted on staff's roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and for their ideas about how people's experience of the service could be improved.

The provider had governance systems to monitor and review the quality of care they delivered. Managers continued to make regular checks of key aspects of the service, which included a range of daily, weekly, monthly, quarterly and annual audits. For example, each week the registered manager checked data generated by the service's call bell system to determine whether or not staff had responded promptly to people's calls for assistance and undertook monthly spot checks on staff performing their duties during a call.

The registered manager took appropriate action when areas requiring improvement were highlighted. For example, through the aforementioned quality monitoring systems they had identified a recent increase in the number of medicines recording errors, which they had begun to address by increasing the frequency of checks they carried out on medicines administration records and the reassessment of staffs' competency to handle medicines safely. The registered manager told us the safe handling of medicines was now a set item on the team meeting agenda. Staff also told us they had each received a memo which they had to read and

sign to confirm they understood their roles and responsibilities regarding the safe management of medicines at Glebelands.